

NOV 23 2004

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**CERTIFICATE OF FACSIMILE TRANSMISSION TO THE  
UNITED STATES PATENT AND TRADEMARK OFFICE**

**DATE:** November 23, 2004

**TO: Examiner:** Jeffery, John A. : **RE: U.S. Patent Application**  
**Art Unit:** 3742 : **Serial No.:** 09/480,5225  
**Fax:** (703) 872.9306 : **Applicant:** Robert Leonard Fulks.  
**From:** Thomas M. Fisher : **Atty. Dkt. No.:** 9D-HR-19163

**DOCUMENTS SUBMITTED WITH TRANSMISSION:**


Amendment Transmittal (3 pgs.)  
Request for Reconsideration in Response to Final Office Action dated August 26, 2004 (13 pgs.)  
Certificate of Facsimile Transmission (1 pg.)

*Total pages including cover page: 17*  
*If all pages are not received, please contact: Lisa Schodrowski at Ext. 7447*

**RE: The above referenced U.S. Patent Application**  
**Title: REFLECTIVE BRACKET**  
**Filed: January 10, 2000**

**CERTIFICATE OF FACSIMILE TRANSMISSION**

I hereby certify that these papers are being facsimile transmitted to the U.S. Patent and Trademark Office,  
Facsimile Number 730.872.9306 on the date shown above.

  
Thomas M. Fisher, Reg. No.: 47,564

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NOV 23 2004

PATENT  
Attorney Docket No.: 9D-HR-19163

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Robert Leonard Fulks :  
Serial No.: 09/480,588 : Art Unit: 3742  
Filed: January 10, 2000 : Examiner: Jeffery, John A.  
For: REFLECTIVE BRACKET :

Mail Stop: Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

TRANSMITTAL

1. Transmitted herewith is:
  - Amendment Transmittal (3 pgs.)
  - Response to Office Action dated August 26, 2004 (13 pgs.)
  - Certificate of Facsimile Transmission (1 pg.)

STATUS

2. Applicant  
  X   claims small entity status.  
  X   is other than a small entity.

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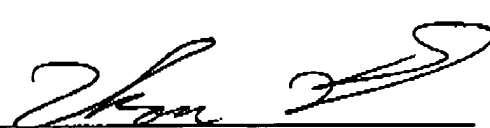
CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. 1.8a)

I hereby certify that this correspondence is, on the date shown below, being:

MAILING  
   deposited with the United States Postal Service with sufficient postage as Express Mail, in an envelope addressed to: Mail Stop: AMENDMENT, Commissioner for Patents, Alexandria, VA 22313-1450, *Express Mail*  
No.: EV US

Date: November 23, 2004

FACSIMILE  
  X   transmitted by facsimile to the Patent and Trademark Office to facsimile number (703) 872-9306.

  
Thomas M. Fisher  
Reg No. 47,564

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**EXTENSION OF TERM**

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

(complete (a) or (b), as applicable)

- (a) \_\_\_\_\_ Applicant petitions for an extension of time under 37 C.F.R. 1.136  
(Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

Extension for response within:	Other than small entity Fee	Small entity Fee (if applicable)
_____ first month	\$ 110.00	\$ 55.00
_____ second month	\$ 400.00	\$ 200.00
_____ third month	\$ 920.00	\$ 460.00
_____ fourth month	\$1,440.00	\$ 720.00
_____ fifth month	\$1,960.00	\$ 980.00

Fee: \$ \_\_\_\_\_

If an additional extension of time is required, please consider this a petition therefor.

(Check and complete the next item, if applicable)

\_\_\_\_\_ An extension of \_\_\_\_\_ months has already been secured. The fee paid therefor \$ \_\_\_\_\_ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$ .

OR

- (b)   X   Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

**FEE FOR CLAIMS**

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NO. PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA	SMALL ENTITY ADDITIONAL RATE FEE	OR	OTHER THAN SMALL ENTITY ADDITIONAL RATE FEE
TOTAL	20	MINUS	20	=0	x \$9 = \$		x \$18 = \$
INDEP.	5	MINUS	6	=0	x \$42 = \$		x \$84 = \$
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					+ \$130 = \$		+ \$280 = \$
					TOTAL ADDITIONAL FEE \$	OR	TOTAL ADDITIONAL FEE \$

- (a) X No additional fee for Claims is required

OR

- (b) \_\_\_\_\_ Total additional fee for claims required \$ 00.00.

**FEE PAYMENT**

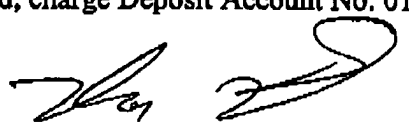
5. \_\_\_\_\_ Attached is a check in the sum of \$ \_\_\_\_\_  
 \_\_\_\_\_ Charge Deposit Account No. 01-2384 the sum of \$ 00.00.  
 A duplicate of this transmittal is attached.

**FEE DEFICIENCY**

6. X If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.

AND/OR

- X If any additional fee for claims is required, charge Deposit Account No. 01-2384.
7. \_\_\_\_\_ Other:

  
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 314/621-5070